STATE OF MARYLAND	0-0
DEPARTMENT OF HEALTH AND MENTOL	HYGIENE
CERTIFICATE OF DEATH	

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1.- STATE MIDDLE 20 DATE OF DEATH 26 HOU Elmer CAMES 4 RACE 6 AGE JIN YE RS LAST BIRTHE 1. SEX 5. DATE OF BIRTH 9/29/1911 Male White 75 TO BIRTHPLACE ISTATE OR FOREIGN Th CITIZEN OF WHAT COUNTRY? 9 BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED U.S.A. Loveville, MD. Charles County WIDOWED DIVORCED IO. CITY OR TOWN OF DEATH 1. NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION 12a USUAL OCCUPATION 126 KIND OF BUSINESS OR (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS)
Meridian Nursing Center ITYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY La Plata SUAL RESIDENCE 136 COUNTY 13r CITY OR TOWN Gen. Delivery/20624 13d. INSIDE CITY LIMITS? St. Mary' Clements MD. XXON 4 FATHER'S NAME 15. MOTHER'S MAIDEN NAME MIDDLE Rena Loster ==William A. Bowles Sr. 16h SOCIAL SECURITY NO 17 INFORMANT ADDRESS 16n WAS DECEASED EVER IN U.S. ARMED FORCES? Daughter I HE YES GIVE WAR OR DATES! 213-20-9090 No Margaret Buckl APPROXIMATE INTERVAL 18 CAUSE OF DEATH (Enter only one cause per for (a), (b), and (c) PART I, DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) A CONSEQUENCE OF Conditions, if ony, which gove rise to immediate cause (a), stating the DUE TO, OR AS A CONSEQUENCE OF underlying couse last PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 100 10 90 DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 20g AUTOPSY? 206 IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? NO YES T NO [ 21b. TIME OF INJURY 21c HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART I OR PART 2) 210 ACCIDENT WAS UNDERLYING HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH (IF EITHER NOTIFY MEDICAL EXAMINER) 21d INJURY OCCURRED 21e. PLACE OF INJURY 211 LOCATION COUNTY STATE AT HOME STREET FACTORY, OFFICE FARM, ETC ) NOT WHILE 77 1 certify that (1) (this hospital) attended the deceased from say the deceased alive on 71387 obove (I) (we) (did) (did not) view the body ofter death. and that in (my) (our) opinion death occurred on the date and hour and from the causes stated 226. SIGNATURE DEGREE 22c. DATE SIGNED ATTENDING PHYSICIAN DIRECTOR PHYSICIAN 22d PHYSICIAN'S NAME (TYPE OR PRINT) 22e ADDRESS 23b. BATE 21/87 230 BURIAL, CREMATION, REMOVAL (SPECIFY) Burial 23c NAME OF CEMETERY OR CREMATORY 23d LOCATION CITY OR TOWN St. Joseph's Cem. MD. Morganza REGISTRAR 256. REGISTRAR'S SIGNATURE 24 FUNERAL DIRECTOR THE CONTROL W.Clarke Mattingley Leonardtown, MD.

DHMH - 16 60M 7/84 (VRA 15, 4)

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## STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

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RE	G. NO.			15

8	1-	FOR STATE REGISTRAR	DEPARTM	TENT OF HEALTH AND MENTAL HYP	REG. NO.	2				
CO A AUC	1 DE	P ED NAME FIRST	MIDDLE	LAST	20 DATE OF DEATH MONTH	DAY YEAR 2b. HOUR				
697 AUG	14	Charles	D.	Burleson	August	8,1987 8:53p <sub>m</sub>				
pom di più	3. SE		4 RACE	S. DATE OF BIRTH	6 AGE (IN YEARS LAST BIRTHDAY)	IF UNDER LYEAR IF UNDER 24 HRS				
P 12		Male	Caucasian	April 12, 1939	48 YF	RS				
2 32 3/1	a Bi	RTHPLACE I STATE OR FOREIGN	76 CITIZEN OF WHAT COUNTRY?	MARRIED NEVER MARRIED	NEVER MARRIED 9 BALTIMORE CITY OR COUNTY OF DEAT					
1 4 4	Wa	shington, D.	C. U.S.A.	WIDOWED DIVORCED	Charles	MD.				
1 23 2 /	io c	TY OR TOWN OF DEATH	11. NAME OF HOSPITAL, NURSIN		GONSEPHCELON LIFE INDUSTRY					
13 100		aPlata	Physician Memo		Maintenance	PEPCO				
A house	134.5	TATE 13b COUN		N 13d INSIDE CITY LIMITS?	Rt 2 Box 2	ODE 20675				
2 2 4		Maryland Cha	rles   Pomfret	YES NO X		64 20075				
1000	1		MIDDLE	FIRST	MIDDLE	₩alsh				
W THE CALL	/	Ralph	E. Burle			walsn				
M. 10 M. 1		YES NO OR UNKNOWN) (IF YES GIV	MED FORCES? 166 SOCIAL SECU E WAR OR DATES)	(112	16)	12 -				
1/		yes 1956	-1960 226-46-	7787   Shirley A	. Burleson	same as 13 a-				
difficulty property property property		PART I. DEATH WAS CAUSE	oly one cause per line far (a), (b), and D BY.  TE CAUSE (a)	DAC ARRES	5T	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH				
har the death as by the attending asia remove corb it, cremities, as a softer transfer	100	Conditions, if ony, which gave rise to immediate couse (0), stating the underlying cause last  DUE TO, OR AS A CONSEQUENCE OF INFERIOLATERAL  (b)  DUE TO, OR AS A CONSEQUENCE OF WALL MYCEARDIAL  (c)								
equires Then pied to born mary, o	NO	PART 2 OTHER SIGNIFICANT (	CONDITIONS CONTRIBUTING TO D	<u>DEATH</u> BUT NOT RELATED TO THE TERM	AINAL DISEASE OR CONDITION	GIVEN IN PART 100				
11111	THEAT	9a DATE OF OPERATION	196 CONDITION FOR WHICH	OPERATION WAS PERFORMED	200 AUTOPSY? 20b. II	FYES, WERE FINDINGS USED ERTIFYING CAUSES OF DEATH? YES \( \text{NO} \)				
Clark to shring the sh	AL CER	210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEA	HOUR A.M. MONTH DA	AY YEAR	RED (ENTER NATURE OF INJURY IN ITEA	A 18 PART I OR PART ?)				
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TTENDING OF CTOR After Cor use on of Health of Health (2) is more	1	22a.1 certify that (I) (this hospit	attended the deceased from	June, 1976 87 and that in (my) opinion	, taAugust_8 death accurred on the date and	have and from the causes stated				
Y, the host KMI DIREC detached detached MILL II Nem		22b SIGNATURE	Asna		MEDICAL STAFF DIRECTOR PHYSICIAN	7 600 7				
TO HOSPIT TO FUNER Should be Uniff the St		( ' '	ons. RAO	220 ADDRESS / 3 2 WAS 11+1	8. SOU TITERS	1101-10561-1011				
BP		BURIAL, CREMATION, REMOVAL (SPECIFY)Burial		NAME OF CEMETERY OR CREMATORY  MD Veterans Cem						
DHMH - 16 60M 7/84			Funeral Home,	Inc. 25c. DA	TE REC'D. BY REGISTRAR 256 RE	GISTRAR'S SIGNATURE				
(VRA 15, 4) 66	3	Old Alexander	r Ferry Rd., C	Clinton, MD 207	G 13 1987					

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0	OR ATTENDING PHYSICIA	e haspital ar attending ph	DIRECTOR: After this certifi	oched for use as the buriol-ti Dept. of Health and Mental
•	TAL OR ATTENDING PHYSICIA	y the hospital or attending ph	RAL DIRECTOR: After this certifi	detached for use as the buriol-trate Dept. of Health and Mental
	TO HOSPITAL OR ATTENDING PHYSICIAN. The law requires that the death certificate be executed within 24 hours after death. Page 4 may be	retained by the haspital ar attending physician.	TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3	should be detached for use as the burial-transit permit. Then please remove carbonpopels. Pages I and 2 should be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

STATE OF MARYLAND
DEPARTMENT OF HEALTH AND MENTAL HYGIENE
CERTIFICATE OF DEATH

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	CEASED NAME FIRST	MIDDLE		IAST		1000	20. DATE OF DEATH	MONTH	DAY YEAR	26. HOUR		
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	ITY OR TOWN OF DEATH	11. NAME OF HOSP					120 USUAL OCCUPAT		126 KIND C	OF BUSINESS OR		
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	AL RESIDENCE (IF NURSING HOME OF	Physician	S MEMOR	DMISSIONI	pital		MODIC IL	ACIIL	2064			
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		DUE TO, CAASI	A CONSTAGE	NCE DE 17	· Vyte	MILA	1 111176	MC	2000			
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	underlying cause last (c) A NEROSCLEROTC CARDIOURSCULAR ASYMS											
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CERTIFICATION	MAEMIA,											
1 E	190 DATE OF OPERATION	196 CONDITION	FOR WHICH C	PERATION WA	S PERFORME	D	200 AUTOPSY?		S, WERE FINDIN			
F			_				YES O NOT		FYING CAUSES	NO [		
8	210. ACCIDENT WAS UNDERLYING			210	HOW INJUR	YOCCURR	RED (ENTER NATURE OF INJU	RY IN ITEM 18	PART : OR PART 2)			
	OR CONTRIBUTING CAUSE OF DE.		MONTH DAY	YEAR								
MEDICAL	21d INJURY OCCURRED	21e. PLACE OF IN		21f	LOCATION							
×	WHILE NOT WHILE	(AT HOME STREET, FA	CTORY, OFFICE FAI	RM, ETC )	STREET		CITY OR TO	1	COUNTY	STATE		
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	snw the deceased alive an	8181	87 10	ond the	t in (my) Hour	) apinion o	death occurred an the a	ate and hav	ur and from the	causes stated		
	above, (I) (we)(did no	y view the bady attel	death	DEGR	EED-D +	J. L.B	WELE.		22c #AJ#	SIGNED.		
	X1/1/	110	70	V	ATTE	NDING	MEDICAL STA		870	918		
1	22d PHYSICIAN'S NAME (TYPE	DD DD INIT		1220	ADDRESS	SICIAN L	DIRECTOR   PHYSIC	IAN		11-1		
-	Sanjeeb Mish						Maryland					
	BURIAL, CREMATION, REMOVAL			AME OF CEMET			23d LOCATION CITY OF TOWN		COUNTY	STATE		
_	BURIAL	8-11-87	TR	INITY	MEN.		ENS WALDO		HARLES			
	UNERAL DIRECTOR		ADDRESS			250 DATI	REC'D. BY REGISTRAR					
AR	EHART FUNERA	L HOME, IN	IC. LA	PLATA	,MD.	1,00	1 198/	Julia	Diridon:	Rudaes		

DHMH - 16 60M 7/B4 (VRA 15, 4)

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IMPORTANT: If them 21 is marked or them 18 straws any injury, ar ather traumatic event, the medical

and or wind with TROL I will be

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NECESS, FUNERA 5 FOR W PHES	BIRTHPLACE FORFIGN COUNTY MARY	LAND	UNITED	STATES	8 MARRIE WIDOW		RIED	CHARLES	COUNTY OF DEATH	MD
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RS AFTER DEA RS AFTER DEA S GIVE PAGES WITH FORMA PUNSION OF A	YES, NO, OR U	ASED EVER IN U.S. ARI	MED FORCES? WAR OR DATES) 0-1986	214-82-		Hilda A	. Cobe	Box 20 Bryans	9B Route	id <sup>227</sup>
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E. WRITING THE WORD.  THIS CERTIFICATE SHOU  THE WARNED TO THE CHIEF  PAGE 3 SHOULD BE USE  STATE DEPARTMENT OF P.  2 2201 PRIOR TO BURIAN	S UNDERL	RY OCCURRED  NOT WHILE	21e PLACE C	MONTH DAY YI OS 15 19 OF INJURY (ATHOME ORY FARM, ETC.)	. 21f. LOC	ATION	W/	rtown Muxen	Charles	STATE
XAMINER ERTIFICATION BE FOUNTE FOUNT THE WITH THE		0	ge of the remains described and courses.	Appident X	n Autops Suicide .	Hamicide TITLE (SPECIFY)	Undetermined	monner .	DATE SIGNED	-/87
TO MEDICAL E. EXECUTE THE C. PAGE 4. SHOULD TO FUNERAL D. AFTER DEATH, V. BALTIMORE, M.	(TYPE OF		vid N.	Gingric		NOUNESS.		loven Dr.	Lattata	mo
BP	(SPECIFY)	JRIAL	8-18-86	MD. V	ETERA	NS		TENHAM	P.G. MI	
DHMH - 17 (VR A15 ME (5))	NAME	RNTON FUN	ERAL HOM	E POMONK	KEY, M	ID. AUG	2 0 198	7 Julia Da	SAP'S SIGNATURE	K

01.07	E 110		FOR STATE REGISTRAR		DEPAR	STATE OF MARYLAND TMENT OF HEALTH AND MENTAL H CERTIFICATE OF DEATH	YGJENE 2 3	5 1 5	Ş
040/	5 AUG	28	SED NAME	FIRST	MIDDIF	LAST		MONTH DAY YEA	10 110011
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ge 4 mo	offer offer	3. SE	Frm	are	4. RACE WHITE	5. DATE OF BIRTH  MONTH DAY  YEAR  20 22	6. AGE (IN YEARS LAST BIRT	HDAY) IF UNDER LY	
eoth. Po	10 10 hours		RTHPLACE (STATE COUNTRY)		76 CITIZEN OF WHAT COUNTR	(? 8 MARRIED ☐ NEVER MARRIED ☐ WIDOWED ☐ DIVORCED ☐	BALTIMORE CITY O Charles	R COUNTY OF DEATH	H MD
s offer d	The day		AGENED VI		11. NAME OF HOSPITAL, NURS (IF NOT IN SUCH FACILITY, GIVESTRI Rte 1 Box 443J	SING HOME OR OTHER INSTITUTION (ET ADDRESS) 20637	12a USUAL OCCUPATION OF THE PROPERTY OF WORK FOR MOST OF	ON 126 KIN INDUST	D OF BUSINESS OR
24 hour	35	13a.	AL RESIDENCE (IF	136 COUN			130 STREET ADDRESS	21P BODE N.	MARYLAT
ed within	ORC	14. FA	THER'S NAME FIRST	17 1-	AIDDLE SCHOFIE	15. MOTHER'S MAIDEN N	WIDDLE	N	JOE.
noth certificate be executed within reading physicial and ecotomopopers and on or removel in mind.			VAS DECEASED EV		MED FORCES? 166 SOCIAL SECTION AND ADDRESS 218-34-	6334 MADRI	ATIBERNAS.	SAMEA:	s. 13E.
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The low region.	S Der	CERTIFICATION	190 DATE OF OPE	RATION		H OPERATION WAS PERFORMED	286 AUTOPSY?	20b. IF YES, WERE FIN IN CERTIFYING CAU YES	
PHYSICIAN: "nding physic	buriol-tro	MEDICAL CE	210. ACCIDENT WAS OR CONTRIBUTING ( (IF EITHER NOTIFY / 21d. INJURY OCC	CAUSE OF DEA	HOUR A.M. MONTH	DAY YEAR 19 211. LOCATION	JRRED (ENTER NATURE OF INJUR		
ATTENDING PRINTED OF THE SPITOL OF THE STORY	for use as the of Health and 21 is marked	2	220.1 certify tho	eosed ofive on	tal) attended the deceased from	87, and that in (M) our) opinio	n death occurred on the do	19 3 -	7, that (D) we) lost
HOSPITAL OR A ned by the hos FUNERAL DIREC	0 -		226. SIGNATURE	201	J. Woll	DEGREE	MEDICAL STAF	22c. D/	7287
FUN FUN	ORTA		/	ROE			15 Ca (18	11 Dorect	MA 2066

23: NAME OF CEMETERY OR CREMATORY
Ft. Lincoln Cemetery

(VRA 15, 4)

DHMH-16 60M 7/8663 Old Alexander Ferry Rd. Clinton Md 20735

23b. DATE 08/22/87

230 BURIAL, CREMATION, REMOVAL

Burial

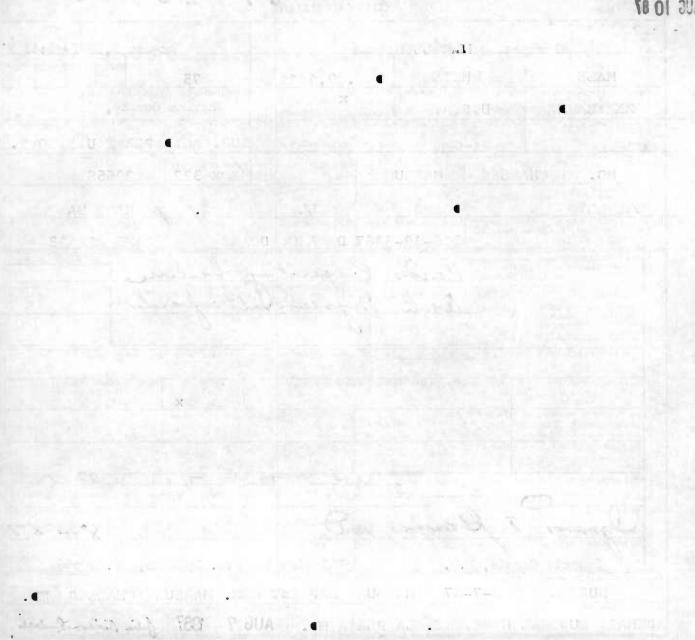
Brentwood Prince George daMd

STATE OF MARYLAND	
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REG	. NO.	-1-	1	3

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H 12	20	-	ry or town of dea Plata	ТН	(IF NOT IN SU	CH FACILITY, GIVE	STREET ADDRESS)	OR OTHER INSTITU		120 USUAL OCCU (TYPE OF WORK FOR M SUP . AC	OST OF WORKING	UFE) INDUSTRY	OF BUSINESS OF
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a post	NKC		LLEWLLYN		MIDDLE	DOANE		NELLI	E	MIDE		HARRIMA	
0.7	010		AS DECEASED EVER	IN U.S. AF	RMED FORCES?		SECURITY NO	17. INFORMANT	. Ld	Al	DDRESS	IVIVITII	711
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offendin	rked or I	MEDICAL	21d. INJURY OCCUR!			OF INJURY	OFFICE, FARM, ETC.)	ZII LOCATION STREET		CITY	ORTOWN	COUNTY	STATE
ATTENDING PHYSICIAN: The low requires the spental or offending physician.  ECTOR, After this certificate has been signed to dror use as the buriol-transit permit. Their plead of the use as the buriol-transit permit. Their plead to the buriol-transit permit of the plead of the manual Hygiene priorific burial.  To be a province of the			22a.   certify that (I) saw the decease obove, (I) (we) (c				19 2)	and that in (my) (out	19. <b>70</b> r) opinion d	, to	he date and he	our and from the	thot(1)(we) los couses stated SIGNED
TAL OR ATT y the hospit RAL DIRECTO detoched for ote Dept. of IT: If hem 21			Ignas	-	7. 6	Law	4,	PHY	NDING SICIAN	MEDICAL DIRECTOR PH	STAFF IYSICIAN [		5-8-7
TO HOSPITA retained by TO FUNERA should be de with the Stot		Ignac		arcia, l	M.D.				Ave. La		MD. 206	46	
5 5	n 5 <u>s</u>		URIAL, CREMATION,			0.5		CEMETERY OR CREA		23d. LOCATION	/N	COUNTY	STATE
BP	- 8		BURI	AL	8-7	-87	MARBU	RY BAPTI				CHARLE:	
HMH - 16	60M 7/84		INERAL DIRECTOR			ADD	DRESS			REC'D. BY REGIST			
(VRA I	5 4)	AR	EHART FU	VERA	L HOME	.INC.	LA PL	ATA.M.	AUI	G7 198	1 July	a Davidson	. Kandall

DHMH - 16 60M 7/84 (VRA 15, 4)



### STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

+0641161	UG-28	DR TAR	ī	EPARTMENT OF	E OF MARYLAND HEALTH AND MENT HY TICATE OF DEATH	GJENE 2	3 5 1 /				
m.e	I. DECEA	SED NAME FIRST	MIDDLE	S. Land	LAST	20 DATE OF DEATH	MONTH DAY YEAR,	26 HOUR			
noy be page 3		EUGENE	SYLVEST	ER I	YER	AUGUST 2	22. 1987	9:54P M			
or. po	3 SEX		4 RACE	5. DATE		6 AGE (IN YEARS LAST BE	RTHDAY) IF UNDER LYE.				
recto urs o		MALE	BLACK	DÊC	. 22,1905	81	The state of the s				
death. re	COUN	PLACE (STATE OR FOREIGN YLAND	UNITED ST	MARRIE	D NEVER MARRIED	CHARLES	9 BALTIMORE CITY OR COUNTY OF DEATH  CHARLES MC				
11/10	10 CITY C	R TOWN OF DEATH	11. NAME OF HOSPITAL	ION 126 KIND OF WORKING LIFE) INDUSTR	OF BUSINESS OR						
5 5 6 W		PLATA	PHYSICIANS			FARMER		IVATE			
other 24 hold	MAR		NTY 13c CITY	OR TOWN CHARLE C	13d. INSIDE CITY LIMITS? YES NO X  15 MOTHER'S MAIDEN N	AME	225/20646				
1 000	J	OSEPH	EDWARD	DYER	WILHELMI	NA MIDDLE		NWICK			
MORE,	16a WAS	DECEASED EVER IN U.S. AR OR UNKNOWN) (IF YES GIV	VE WAR OR DATEST	-14-312	17 INFORMANT  Edna Jone	ADDR					
In equive that the death certifical to been uponed by the attending the min. Then please remove contouring plans in 15 barrol, commonly, or attent troumants certain	Co gr co ur PA	CAUSE OF DEATH IEnter or PART I. DEATH WAS CAUSE IMMEDIA on ditions, if any, which are rise to immediate use (a), stating the iderlying cause last.  RT 2 OTHER SIGNIFICANT OF THE PROPERTION	DUE TO, OR AS A CO	INSEQUENCE OF	NOT RELATED TO THE TER	MINAL DISEASE OR CON	DITION GIVEN IN PART  200. IF YES, WERE FINI IN CERTIFYING CAUS	DINGS USED ES OF DEATH?			
TAM Sold Table	210	ACCIDENT WAS UNDERLYING	7 216, TIME OF INJURY		21c HOW INJURY OCCU	RRED (ENTER NATURE OF INJU	YES	NO 🗌			
8 34 414 79	- 00	CONTRIBUTING CAUSE OF DE			I STORES						
NO SERVICE	9	INJURY OCCURRED	21e PLACE OF INJUR		211 LOCATION						
NVISION of PHYSI of Physical of the control of the control of the on the burning	2	NOT WHILE AT WORK	(AT HOME STREET, FACTOR	Y, OFFICE, FARM, ETC ]	STREET	CITY OR TO	OWN COUNTY	STATE			
ASTENDEN up to 1 or 1	220	1 certify that (I) (this hasp saw the deceased alive an abave, (I) (we) (did) (aid no	812218	19	nd that in (my) (our) apinion	to 822	1 1	n, that (I) (we) last he causes stated			
RAL DIRE detacher total Dept		SIGNATURE	eng		DEGREE ATTENDING PHYSICIAN	MEDICAL STA	FF C/-	15 SIGNED			
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0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0		ROBERT TIMOT			WALDORF, I		20601				
BP	(SPEC	al, cremation, removal BURIAL	236. DATE 8-26-87	ST. J		POMFRET	CHARLES	STATE			
DHMH - 16 60M 7/84 (VRA 15, 4)		RALDIRECTOR ORNTON FUNE	RAL HOME	POMO	ONKEY, MD. 250 DA	JG 2 6 1987	25b. REGISTRAR'S SIGN	MARISANE !			

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# STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENDAL HYGIENE CERTIFICATE OF DEATH

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		REGISTRAR				CERTIFI	CATE OF L	EATH		REG. NO.					
		EASED NAME	FIRST	٨	WIDDLE	L/	AST		2a DATE OF		NTH 9	AT , TEAL	Th P	IOUR	
		OR PRINT)	Mary		/M/N		orgis			8	1/1	6/87	11	:02	M
	3 SEX			4. RACE		5. DATE O		_ YEAR		ARS LAST BIRTHDA	(Y)	CINTRE DA	Contract Contract	45 MAR	-
		emale		Caucas		Aug	. 31°,	1897	89		YRS				
17		RIHPLACE (STA	ATE OR FOREIGN		WHAT COUNTRY	? 8.	NEVER /	MARRIED -	9. BALTIMOR	E CITY OR C	OUNTY	OF DEATH			
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0	III. CII	TY OR TOWN O	F DEATH		HOSPITAL, NURS		R OTHER INS	TITUTION		CCUPATION FOR MOST OF WO				SINESS O	R
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3.7	_	THER'S NAME						S MAIDEN NA	ME			10. 2			
		Dome	nic	MIDDLE	Bellino		Mad	elina		MIDDLE	\	erne	etti		
-		AS DECEASED	EVER IN U.S. AF	RMED FORCES?	166 SOCIAL SEC		17. INFORMA			ADDRESS					_
	(4	ES NO OR UNKNOV	VN) (IF YES, GI	VE WAR OR DATES)	577-36	-4067	Mar	y G. T	aylor	Sa	ame	as 4	13		
		18 CAUSE OF	DEATH (Enter o	nly one cause per	line for (a), (b), s	and ICI.I		·				8ETWI	ROXIMATE EN ONSET	INTERVAL	4
		PART I. DE		nly one cause per ED BY: TE CAUSE (o)	Can	did bo	Imam	7 0	MUST						
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		Conditions, if	Fooy which	DUE 10, O	R AS A CONSEO	ONA	LY A	RIGR	1 D	ISEM	-2 Z				
		gove rise to	immediate	(b)											
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1	z		GESTIN	CONDITIONS CO	0	A1L UX			SETES	MEL		-			
1	일	190. DATE OF C			ITION FOR WHIC	_	- /.		20a AUTO			, WERE FIN		ISED	
1	CERTIFICATION	178. DATE OF C	PERATION	170 COI40	THO I VI OK WITH	.II OI EKATIOI	T TASTERIC	NONED	VEC [			YING CAU	SES OF D		
	ERT	21a ACCIDENT W	VAS UNDERLYING	21b. TIME O	F INJURY		121c HOW IN	JURY OCCUR	RED (ENTER NA)	TURE OF INJURY IN				<u> </u>	
(			G CAUSE OF DE	ATH HOUR A.	M. MONTH				(Criterian						
7	MEDICAL		FY MEDICAL EXAMINE			19	211 LOCATI	ON							_
1	MED	21d. INJURY OF		21e PLACE	REET, FACTORY, OFFICE	E, FARM, ETC )	STREF			CITY OR TOWN		COUNTY		STATE	
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4			hat (I) (this hosp leceased alive b	ital) attended th	e deceased from	6. 3	dahat in Imu	(our) opinion	dooth occurre			and from		(I) (we) lo	151
		obove, (I)	(we) (did) (did n	ot) view the body	ofter death.			(dot) apimati	dedin occorre	di file dole	and noor				_
		226. SIGNATUI	RE	AA	Ollin		DEGREE	ATTENDING	MEDICAL	STAFF		72C D	ATE SIGN	G 7	
			Y		.67000			PHYSICIAN [	DIRECTOR		1 🗆		7 1 1	1 /.	
1		22d. PHYSICIAN	N'S NAME (TYPE	OR PRINT)	,		22e. ADDRES	55	10	. 4-	0	1 . 1	.A.	1 -	
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			TION, REMOVA			NAME OF C	EMETERY OR	CREMATORY	23d. LOCA	TION		COUNTY		STATE	
	1 '	Burial		8-20-	-87	Cedar	Hill		ery S					M	d.
4		JNERAL DIRECT			P. C	. Box	156	25a DA1	TE REC'D. BY R	EGISTRAR 256	REGIST	RAR'S SIG	NATURE		
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DHMH - 16 60M 7/84 (VRA 15, 4)

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retained by the haspital or ottending physician.

TO FUNERAL DIRECTOR: After this certificate has should be detached for use as the burial-transit exist the State Dept. of Health and Mental Hygism.

IMPORTANT: If Item 21 is marked or Item 18 sh

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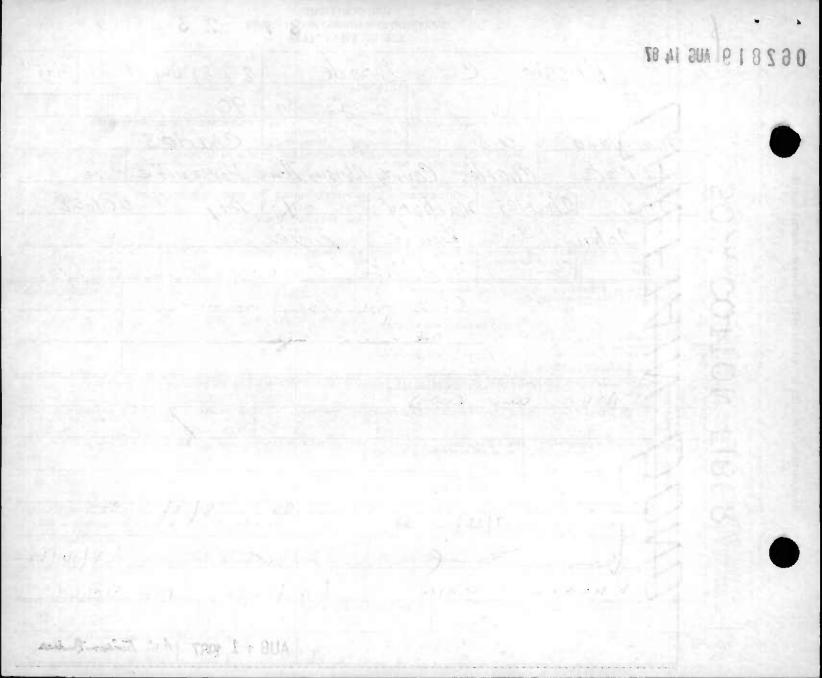
#### STATE OF MARYLAND

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3. SEX   RACE   S. DALE OF BRTH   A. AGC (INSTANS LASS BRIDGAT)   ID UNDERSTAND IN PORT THAT IN PURPOR THAT IT OF IONS AND IN PORT THAT IT OF IONS AND IN PART IT OF ION	9 AUG	I TYP	ASED NAME FIRST		F Hoode		MONTH DAY YEAR 26 HOUR
THOMAS    THOMAS   STATE   STA	rs after de	3. SE			5. DATE OF BIRTH		MONTHS DAYS HOURS
10. CITY ORDOWN OF DEATH   11. NAME OF HOSEITAL, NURSING HOME OR OTHER INSTITUTION   128 USUAL OCCUPATION   124 USUAL OCCUPATION   125 USUAL OCCUPATION   124 USUAL OCCUPATION   125	nerol din 72 hou	70. B	COUNTRY	76. CITIZEN OF WHAT COUNTRY?		ED 1	
USUAL RESIDENCE IN NUMBER INSTITUTION OF RESIDENCE BEFORE ADMISSORY IN THE STORES AND	by the filled with	1	a Plata	Chatles O	unty Nursing,	TYPE OF WORK FOR MOS	T OF WORKING LIFET INDUSTRY
THOMAS DOWN THOMAS  TH	be be	130.	nd list cou	ROTHER INSTITUTION, GIVE RESIDENCE BEFOR INTY  136. CITY OR TOW  THES MARKOV	N 13d. INSIDE CITY LI	X Rt,	S/ZIP CODE 2.0658
Second times   Seco	ompletely and 2 s		John	THOMAS DOW	ie Sus	MIDDLE	WADE
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE IO)  DUE TO, OR AS A CONSEQUENCE OF  Conditions, if ony, which gove rise to immediate couse (o), stoting the underlying couse lost.  (c)  PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1:0  PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1:0  PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1:0  PART 3. DEATH WAS CAUSED BY: IMMEDIATE CAUSE IO)  CONDITION OF ON AS A CONSEQUENCE OF  Underlying couse lost.  (c)  PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1:0  PART 3. DEATH WAS CAUSED BY: IMMEDIATE CAUSE IO)  PART 4. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1:0  PART 3. DEATH WAS CAUSED BY: IMMEDIATE CAUSE IO)  PART 4. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1:0  PART 4. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1:0  PART 4. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1:0  PART 5. DEATH WAS CAUSE OF DEATH HOUR AMM. MONTH DAY YEAR PART 1:0  PART 5. DEATH WAS CAUSED BY: IMMEDIATE COUSE OF DEATH HOUR AMM. MONTH DAY YEAR PART 1:0  PART 5. DEATH WAS CAUSED BY: IMMEDIATE COUSE OF DEATH HOUR AMM. MONTH DAY YEAR PART 1:0  PART 5. DEATH WAS CAUSED BY: IMMEDIATE COUSE OF DEATH HOUR AMM. MONTH DAY YEAR PART 1:0  PART 5. DEATH WAS CAUSED BY: IMMEDIATE COUSE OF DEATH HOUR AMM. MONTH DAY YEAR PART 1:0  PART 5. DEATH WAS CAUSED BY: IMMEDIATE COUSE OF DEATH HOUR AMM. MONTH DAY YEAR PART 1:0  PART 5. DEATH WAS CAUSED BY: IMMEDIATE COUSE OF DEATH HOUR AMM. MONTH DAY YEAR PART 1:	s. Poges		YES, NO OR UNKNOWN) (IF YES, GI	115 147 1 D OR O 1 2 5 6 1		dette Dawsor	Edgewater, Md.
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OR CONTRIBUTING CAUSE OF DEATH  (IF ETHER, NOTIFY MEDICAL EXAMINER)  21d. INJURY OCCURRED  21d. INJURY OCCURRE	hen pi ta bur njury, a	TION	ASHO	and (00)			
OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)  P.M.  19  21d. INJURY OCCURED  21e. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.)  21f. LOCATION STREET  CITY OR TOWN  COUNTY  22c. I certify that (I) (this hospital) attended the deceased from obole, (I) (we) (did) (did not) view the body offer beath.  22c. DATE SIGNED  22c. DATE SIGNED	hos hos	RTIFICA	tion of call			YES NO	IN CERTIFYING CAUSES OF DEATH YES NO NO
WHILE NOT WHILE AT WORK (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.)  220.1 certify that (I) (this hospital) ottended the deceased from sown the deceased alive on obote, (I) (we) (did) (did not) view the body offer death.  220. DATE SIGNED	ng phys rial-tra entol Hy Item 18		OR CONTRIBUTING CAUSE OF DE	HOUR A.M. MONTH D	AY YEAR	OCCURRED (ENTER NATURE OF IN	JURY IN ITEM 18. PART I OR PART 2)
sown the deceased alive on 19 4 , and that in (my) (our) opinion death occurred on the date and hour and from the causes st obole. (I) (we) (did) (did not) view the body offer teath.  DEGREE 220. DATE SIGNED	the ond	MED	WHILE IN NOT WHILE IT	216. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE,	PARM, ETC)	City Or	TOWN COUNTY STA
	CTOR: for us of He		sow) the deceased alive or above. (1) (we) (did) (did no	7/18/ 19		opinion deoth occurred on the	dote and hour and from the couses state
22d. PHYS WIAN'S NAME (TYPE OR PRINT)		5	10:	3	ATTEN PHYS	IDING MEDICAL ST	TAFF SICIAN   22c. DATE SIGNED
22d. PHYS VIAN'S NAME (IYPE OR PRINT)  22d. PHYS VIAN'S NAME (IYPE OR PRINT)  22e ADDRESS  22d. PHYS VIAN'S NAME (IYPE OR PRINT)  22d. PHYS VIAN'S NAME (IYPE OR PRINT)  22d. PHYS VIAN'S NAME (IYPE OR PRINT)		8	KHADA	R BAIL	Lia	PLATA.	ma 20646
230. BORIAL, CREMATION, REMOVAL 238. DATE 231. NAME OF CEMETERT OR CREMATORY 230. LOCATION		23a.				CITY OF TOWAL	of Charles M

DHMH - 16 60M 7/84 (VRA 15, 4)

Huntt Funeral Home

Waldorf, Md. 20601 AUG 1 1 1987



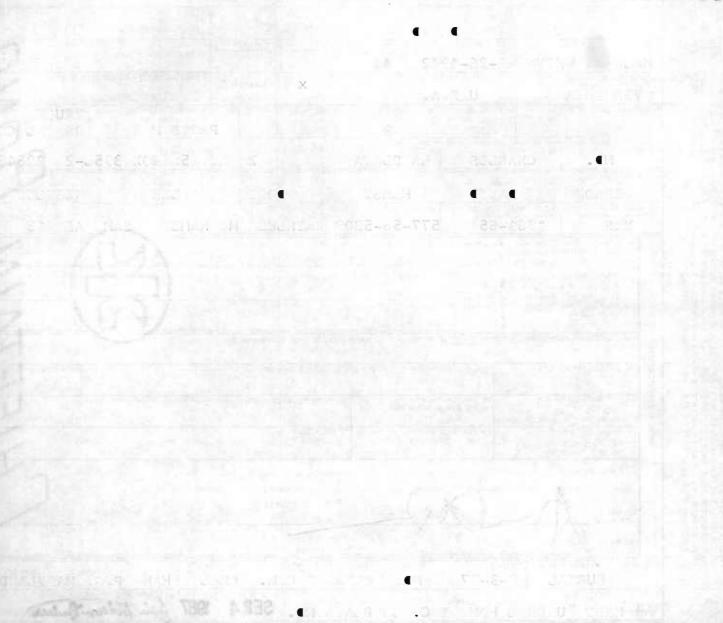
# STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE AMEDICAL EXAMINER'S CERTIFICATE OF DEATH

200		EASED NAME	FIRST		WIDDLE		LA5	51	10. 1		2a DATE	NOWN	MONTH.	DAY YE	AR 2b HOU!
	(TYP	OR PRINT)	VERNON		AVID		HAM	BY	II		OF	MATED [		30 19 8	7
	3. SEX	4.	RACE	5 DATE OF BIRTH	6	AGE (IN YEA	RS IF UNDE	_ ,		R 24 HRS.	2c. DATE		MONTH		EAR 2d HOUF
	M	ALE	WHITE	9-26-19	YEAR 142	44 YR		DAYS	HOURS	MIN	PRONOUN DEAD	CED	8	30 198	7 3:3
5	7a. BI	RTHPLACE (STAT		76 CITIZEN OF WE								ORE CITY		TY OF DEATI	
d		VIRGINI	A	U.S.	Α.		MARRIED		VER MARI	-	Char	las C	County		
1	10 CI	TY OR TOWN OF	DEATH	11. NAME OF HOS	PITAL, NURS					12a US	UAL OCCUP	ATION (TY		TENE	BUSINESS
d	Lá	Plata		Physici			al Hos	pita	1		ARTS			RENT	
4		L RESIDENCE (#	IN NURSING HOME OF	OTHER INSTITUTION, GO	E RESIDENCE BEI	FORE ADMISSIO	ON)							1001411	TI CO.
	130 3	MD.	CH.	ARLES	LA LA	PLATA	A 130	YES T	NO X		#5	BOX	3951	_2 :	20646
Ì	14. FA	THER'S NAME		MIDDLE	144	.,	15	. MOTH	ER'S MAID	EN NAM	E	DDLE		LAST	
η		VERNON		DAVID HAMBY				j	ORI	S	LÏ			KIBBI	LER
1		AS DECEASED E	VER IN U.S. ARM		FORCES? 166 SOCIAL SECURITY NO. 17 INFORMANT					ADDRES	is				
I		YES	(IF YES, GIVE W	1-65	577-	56-58	309 K	ATHI	LEEN	M.	HAMB'	Y :	SAME	AS #	13
I		18 CAUSE OF D	EATH (Enter anly	ane cause per line	far (a), (b), a	ınd (c).)								APPROXI	MATE INTERVAL
1		PARTIDEAT	H WAS CAUSED  IMMEDIATE	CAUSE (a) A	terio	sclero	otic c	ardi	ovas	cular	dise	ase			
ı				DUE TO, OR	AS A CONSE	OUENCE C	)F								
			if any, which	(b)											
		cause (a) st lying cause	ating the <u>under</u> -	DUE TO, OR	AS A CONSE	QUENCE C	)F				Harry III		40	1	1
1				(c)								M		4	
	_	PART 2 OTHER SIGNS	FICANT CONDITIONS C	ONTRIBUTING TO DEATH I	OUT NOT RELATED	TO THE TERMI	NAL DISEASE OR	CONDITIO	N GIVEN IN P	ART 1 (a)					
4	CERTIFICATION	19a DATE OF O	DE BATIONI	In course											
Α	ICA.	ING. DATE OF O	PERATION	19b. CONDIT	ION FOR WI	HICH OPERA	ATION WAS	PERFOR	MED?					20 AUTOF	
4	ERTH	210 EXTERNAL	AUSE WAS	21b. TIME OF	INITIDV		111. HOW	/ 151 (LIDY	OCCURR	FD -5-1750	NATURE OF INJU			YES X	O ON
2	11 0		OR CAUSE OF D		MONTH D		Zit. HOW	INJORT	OCCORR	ED JEWIER	NATURE OF 1930	RT IN HEM IS	S PARL I OR PAI	(12)	
1	MEDICAL	214 INTURY OF	CURRED	21e PLACE C	OF INJURY	19 (AT HOME	211 LOCA	TION					11/2		
ı	ME	WHILE AT WORK	NOT WHILE		ORY, FARM, ETC.		STREE				CITY OR TOW	IN	COL	UNTY	STATE
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ı				af the remains des	F*		Autopsy		Inspection		Inquiry		ind in my ap	enion	
1		death resulted	Tram Nature	il causes .	Arcident	_l, Suid	cide 🔲 ,		ide L.	Under	termined mai	nner [],	,		
		ACTUAL	11/2	1	IN L			Deiou	PECIFY)	nief	ICAL EXAM		DATE	9-1-	87
		SIGNATURE	M	7	X	1	M.D.		1	MED	ICAL EXAM	INER	SIGNE	D	
		EXAMINER'S NA	Ann	M. Dixon,	M.D.		AD	DRESS	111	Penn	St., 1	Balto	. , MD	2120	1
1	23e.Bl		N, REMOVAL 23			ME OF CEM	ETERY OR C			23d LC	OCATION				
	(S	BUR	IAL	9-3-87	MD	. VET	ERAN;	S CI	EM.	CHE	LTENE	MAH	P.G.		YLAND
	24. FL	NERAL DIRECTO	OR .	ADDRESS							REGISTRAF				
	Al		FUNERA	L HOME,	INC.	LA PI	LATA,	MD.	SEF	4	1987	Julia ,	Dunder	~ Render	2

07/84 25M

DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MD. 21201.



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STATE OF MARYLAND
DEPARTMENT OF HEALTH AND MENTACHYGINE
CERTIFICATE OF DEATH

2 3 5 2 2

- STATE REGISTRAR DECEASED NAME 20 DATE OF DEATH 26 HOUR TYPE OR PRINT) Helen. Heard August 15..1987 6. AGE (IN YEARS LAST BIRTHDAY) 4 RACE 5. DATE OF BIRTH 3. SEX MONTH **F**emale Black 25, 1899 Oct. 87 70. BIRTHPLACE (STATE OF FOREIGN BALTIMORE CITY OR COUNTY OF DEATH 76. CITIZEN OF WHAT COUNTRY MARRIED NEVER MARRIED MARYLAND Charles UNITED STATES WIDOWEDED 10 CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION 120 USUAL OCCUPATION 126 KIND OF BUSINESS OR Physicians Memorial Hospita INDUSTRY (TYPE OF WORK FOR MOST OF WORKING LIFE) LaPlata HOUSEWIFE PRIVATE 136 COUNTY 13e STREET ADDRESS / ZIP CODE 13c CITY OR TOWN 13d INSIDE CITY LIMITS? MARYLAND CHARLES LA PLATA NO X 20646 14 FATHER'S NAME 15 MOTHER'S MAIDEN NAME MIDDLE MIDDLE LAST LEMUEL DODSON CORA CHUM 60 WAS DECEASED EVER IN U.S. ARMED FORCES? 16b SOCIAL SECURITY NO. 17 INFORMANT 4115 10th St., N.E Morris B. Heard Washington, D.C. NO 220-26-6376 18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c) PART I. DE ATH WAS CAUSED BY IMMEDIATE CAUSE to Conditions, if any, which gove rise to immediate cause (a), stating the DUE TO, OR AS A CONSEQUENCE OF underlying couse last. PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 CERTIFICATION 200 AUTOPSY? 206 IF YES, WERE FINDINGS USED 190 DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED IN CERTIFYING CAUSES OF DEATH? NO YES -210 ACCIDENT WAS UNDERLYING 216 TIME OF INJURY 216 HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART I OR PART 2) HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH MEDICAL (IF EITHER NOTIFY MEDICAL EXAMINER) P.M. 214 INJURY OCCURRED 21e PLACE OF INJURY 21 LOCATION COUNTY AT HOME STREET, FACTORY, OFFICE FARM, ETC.) WHILE NOT WHILE AT WORK Line 220 1 certify that (this haspital) attended the deceased from, sow the deceased alive on 5-15 above (1) we (did ) did not view the body after death. , and that ir [my] (our) opinion death occurred on the date and hour and from the causes stated 22c. DATE SIGNED 22b. SIGNATURE PHYSICIAN | MEDICAL 8-15-8 DIRECTOR PHYSICIAN 22e ADDRESS Rath, MD, Henry Burke, Box 591 LaPlata, Md. 236 DATE 23¢ NAME OF CEMETERY OR CREMATORY 23d LOCATION 230 BURIAL, CREMATION, REMOVAL CITY OR TOWN BURIAL 8-18-87 ZION BAPTIST HILLTOP CHARLES MD. 24 FUNERAL DIRECTOR

POMONKEY.

DHMH - 16 60M 7/84 (VRA 15, 4)

FUNERAL I

ORTANT

THORNTON FUNERAL HOME

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# DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201 TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and should be detached for use as the burial-transit permit. Then please remays carbon papers, Pages with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or remayal TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the retained by the haspital or attending physician.

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al director, page 3

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

5 2 3 3 2

200		STATE REGISTRAR			CERTIFIC	ALTH AND MENTAL HY	,	TO NO	13	
23		CEASED NAME FIRST	MIDDLE		LAS1		20. DATE OF DE	ATH MONTH	DAY YEAR	25 HOUR
		OR PRINT)	no this The	7 2 a II	id and no				0 1987	9.25
	3. SE)		ne Wilhe		5. DATE OF		6. AGE (IN YEARS	August 2	IF UNDER 1 YEAR	IF UNDER 24
	3. SE/		SE ROLLING		MONTH	DAY YEAR	a. AGE (INTEAKS	LASI BRINDAII	MONTHS DAYS	HOURS A
400	1 0	Female	White		02	0 <b>7</b> 1927	-	O YRS		
		RTHPLACE (STATE OR FOREIGN COUNTRY)	76. CITIZEN OF WHAT	COUNTRY?	MARRIED	NEVER MARRIED		CITY OR COUNT		
1	_	atvia	U.S.A.		WIDOWED[			les Coun		
2	10. CI	TY OR TOWN OF DEATH	(IF NOT IN SUCH FACIL	LITY, GIVE STREET AL	DDRESS)	OTHER INSTITUTION	17a. USUAL OCC	UPATION MOST OF WORKING		OF BUSINESS
X		LaPlata	Physic	ians Me	morial	l Hospital	House	wife.		Home
1	USU/ 13g. S	AL RESIDENCE (IF NURSING HOME OF		ESIDENCE BEFORE A		3d. INSIDE CITY LIMITS?	13. STREET ADD	RESS / ZIP CO	DE	
0	Ma			obb Is		YES NO 🔯		l Deli		
7.	_	THER'S NAME		2000		5. MOTHER'S MAIDEN N.	AME			
57		FIRST UNKNO	MIDDLE	LAST		FIRST	UNKNÖ	NAINI NAINI	LA	ST
-	16a V	VAS DECEASED EVER IN U.S. A		SOCIAL SECUR	RITY NO. 1	7. INFORMANT		ADDRESS Ge	neral	Doliv
/	0	VES, NO OR UNKNOWN) (IF YES, G	VE WAR OR DATES)	0 40 0	910	John A. Hi				
1						JOIN A. HI	ggins,	CODD I		
		18 CAUSE OF DEATH (Enter of PART I. DEATH WAS CAUS	nly one couse per line for	ar (a), (b), and	0.0	PIRATORY	2 - 2 -		BETWEEN	ONSET AND DE
		Conditions, if any, which gove rise to immediate cause (a), stating the	DUE TO, OR AS A	RCINO	MAC	OF COLO		TASTAT	ic	
	7	gove rise to immediate	DUE TO, OR AS	RCING A CONSEQUEN BR	NCE OF	+ LUN	as.			0.
7	IFICATION	gove rise to immediate cause (a), stating the underlying cause last.	DUE TO, OR AS A	RCING A CONSEQUEN B B R IBUTING TO DI	NCE OF AIN EATH BUT NO	+ LUN	MINAL DISEASE OF	R CONDITION G  Y? 20b. IF Y IN CERT	ES, WERE FINDS	NGS USED S OF DEATH?
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99	MEDICAL CERTIFICATION	gove rise to immediate cause (a), stafing the underlying cause last.  PART 2 OTHER SIGNIFICANT  19a. DATE OF OPERATION  21a. ACCIDENT WAS UNDERLYING CONTRIBUTING CAUSE OF DE	CONDITIONS CONTR  19b. CONDITION  17b. TIME OF INJ HOUR A.M.	A CONSEQUENCE BRIDGE BR	NCE OF AIN DEATH BUT NO DPERATION Y YEAR 19	L L U N OT RELATED TO THE TER.	200 AUTOPSI  YES NO RRED (ENTER NATURE	R CONDITION G  Y?   20b. IF Y   IN CERT	ES, WERE FIND IFYING CAUSES	NGS USED S OF DEATH?
79		gove rise to immediate cause (a), stating the underlying cause lost.  PART 2 OTHER SIGNIFICANT  19a. DATE OF OPERATION  21a. ACCIDENT WAS UNDERLYING [OR CONTRIBUTING ] CAUSE OF DI (IF EITHER, NOTIFY MEDICAL EXAMINI 21d. INJURY OCCURRED WHILE AT WORK NOT WHITE AT WORK   NOT WORK	DUE TO, OR AS A CONDITIONS CONTROL 19b. CONDITIONS CONTROL 19b. CONDITION P.M.  21b. TIME OF INJ HOUR A.M. P.M.  21e. PLACE OF INJ (AT HOME. STREET, FA	A CONSEQUENCE OF THE CONSEQUENCE	NCE OF AIN PARTIES OF AIN PARTIES OF AIN PARTIES OF AIN PARTIES OF AIR PARTIES OF	OT RELATED TO THE TER.  WAS PERFORMED  21c. HOW INJURY OCCUP  21f. LOCATION  STREET  19  that in (my) (aur) apinior	200 AUTOPSY YES NO RRED (ENIER NATURE	R CONDITION G  1? 20b. IF Y IN CERT OF INJURY IN ITEM TE TY OR TOWN	ES, WERE FINDI TIFYING CAUSE: YES (COUNTY)	NGS USED S OF DEATH? NO  STAI  that (1) (we)
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99	MEDICAL	gove rise to immediate couse (o), stofing the underlying cause lost.  PART 2 OTHER SIGNIFICANT  190. DATE OF OPERATION  210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DIE (IF ETHER, NOTIFY MEDICAL EXAMINI  210. IN JURY OCCURRED  WHILE NOT WHILE AT WORK AIWORK  220. I certify that (I) (this hosp sow the deceosed alive on obove, (I) (we) (did) (did not	DUE TO, OR AS A  (c)  TO  CONDITIONS CONTR  19b. CONDITION  21b. TIME OF INJ HOUR A.M. 21e. PLACE OF IN (AT HOME. STREET, FA  sitol) ottended the dec	A CONSEQUENCE OF THE PROPERTY	POMA CONCE OF AIN PARTIES OF AIN PAR	OT RELATED TO THE TER.  WAS PERFORMED  21c. HOW INJURY OCCUP  21f. LOCATION STREET  19 that in (my) (aur) apinion  GREE ATTENDING PHYSICIAN  22c. ADDRESS  17 Marshal	200 AUTOPS)  YES NO RRED (ENIER NATURE  O deoth accurred or  MEDICAL DIRECTOR	20b. IF Y IN CERT OF INJURY IN ITEM TE TY OR TOWN  STAFF PHYSICIAN  aldorf,	ES, WERE FINDI IFYING CAUSE: YES (COUNTY)  COUNTY  220. DATH	NGS USED SOF DEATH? NO   that (i) (we) couses state SIGNED  10 - J
99	WEDICAL MEDICAL	gove rise to immediate couse (a), stafing the underlying cause lost.  PART 2 OTHER SIGNIFICANT  190. DATE OF OPERATION  210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DI (IF EITHER, NOTIFY MEDICAL EXAMINI 21d. INJURY OCCURRED  WHILE AT WORK AT WORK  220.1 certify that (I) (this hosp saw the deceased alive o above, (I) (we) (did) (did in 22b. SIGNATURE  22d. PHYSICIAN'S NAME (TYPE	DUE TO, OR AS A  (c)  TO  CONDITIONS CONTR  19b. CONDITION  21b. TIME OF INJ HOUR A.M. 21e. PLACE OF IN (AT HOME. STREET, FA  sitol) ottended the dec	A CONSEQUENCE BUTTING TO DI  FOR WHICH CO  URY MONTH DAY  JURY CTORY, OFFICE, FAIR  40 death.  19 death.	PEATH BUT NO  OPERATION V  Y YEAR 19  RM, ETC)  AME OF CEN	OT RELATED TO THE TER.  WAS PERFORMED  21c. HOW INJURY OCCUP  21f. LOCATION STREET  19 that in (my) (aur) apinion  GREE ATTENDING PHYSICIAN  22e. ADDRESS	200 AUTOPS)  YES NO RRED (ENIER NATURE  O deoth accurred or  MEDICAL DIRECTOR	R CONDITION G  7? 20b. IF Y IN CERT OF INJURY IN ITEM TE TY OR TOWN  TY OR TOWN  STAFF PHYSICIAN   aldorf, ON OWN	ES, WERE FINDI IFYING CAUSE: YES (COUNTY)  COUNTY  220. DATH	NGS USED SOF DEATH? NO   that (i) (we) couses state SIGNED  10 - J

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Waldorf

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## STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

2580 AUG	13 8	TATE BGISTRAR		DEI	CERTIF	EALTH AND MENTAL HY	REG. NO		
	1. DECE	ASED NAME FI	R51	WIDDLE		AS1	20 DATE OF DEATH N	AONTH DAY YEAR	R 25 HOUR
poge 3	(TYPE OR	PRINT	John Th	neodore	Lunds	trom	August 9	, 1987	12:10P <sub>M</sub>
bo de de	3 SEX		4. RACE		5 DATE O	.,	6. AGE (IN YEARS LAST BIRTH	IDAY) IF UNDER 1 YE	
ge 4		male		white	Jun	D711	70	YRS MONTHS DA	ATS HOURS MIN.
Pour Pour	70 BIRT	HPLACE   STATE OF FORE	GN 76 CITIZEN	OF WHAT COU	VIRY? 8	D NEVER MARRIED	9 BALTIMORE CITY OR		4
Tero	Pe	nnsylvani	a US	SA	WIDOWE		Charle	S	MD.
e to		OR TOWN OF DEATH	11. NAMI	E OF HOSPITAL, N	URSING HOME	R OTHER INSTITUTION	17a USUAL OCCUPATIO	N 12b. KIN	D OF BUSINESS OR
13/2		La Plata	Pl	hysicians	s Memoria	al Hospital	Meat Cutt		ail Groo
1/1	USUAL 130, STA	RESIDENCE (IF NURSING			BEFORE ADMISSION)	134 INSIDE CITY LIMITS?	13e STREET ADDRESS /		
( ) = =			harles		an Head		P. O. Box	44/2064	+0
25.5		ER'S NAME	MIDDLE	121102		15. MOTHER'S MAIDEN N	AME		
ig a la l	Ax	el Le	onard	Lunds	trom	Jessie	WIDDLE	Pearso	IAST
dicol		S DECEASED EVER IN U		ES? 166 SOCIAL	SECURITY NO.	17. INFORMANT	ADDRES	S	2.1.1
Pog	(YES		YES GIVE WAR OR DA	177-	01-2206	Donna Go:	rdon sa	ame as #	13
cror ers.	15	CAUSE OF DEATH (E	nter only one carr			DOTTITO GO.	1 3011 30		PROXIMATE INTERVAL EEN ONSET AND DEATH
pop pop povo iovo	"	PART I. DEATH WAS	CAUSED BY.		O and an	siratory 1	Assent-	DETANE	EN ONSET AND DEATH
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or day	15.		DUE 1	O, OR AS A CON	SEQUENCE OF	,	,*)	4	
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ned by pleo	P	ART 2 OTHER SIGNIFIC	CANT CONDITIO	NS CONTRIBUTIN	G TO DEATH BUT	NOT RELATED TO THE TER.	MINAL DISEASE OR COND	ITION GIVEN IN PART	1 1 a
Ther to b	NO								
mit.	AT 19	DATE OF OPERATION	V 19b. C	ONDITION FOR V	VHICH OPERATIO	N WAS PERFORMED	20a AUTOPSY?	206. IF YES, WERE FIN	DINGS USED
hos hos	CERTIFICATION						YES TO NOTE	IN CERTIFYING CAUS	NO [
Hygin Hygin	2	In. ACCIDENT WAS UNDERLY		ME OF INJURY		21c. HOW INJURY OCCU	RRED (ENTER NATURE OF INJURY	IN ITEM 18 PART I OR PART	2)
em II	1	R CONTRIBUTING CAUS	E OF DEATH	JR A.M. MONT					
iding is ce burid Men or Ite		(IF EITHER NOTIFY MEDICALE		P.M.	19	21f. LOCATION			
the the band ond	_	WHILE NOT WHILE	LATHO	ME STREET FACTORY	OFFICE, FARM, ETC }	STREET	CITY OR TOW	N COUNTY	STATE
Afte os Ith onk		WORK - AT WORK			S FI-V		9 411 11		
USE Heo	2.	o I certify that (1) (thi sow the deceased a	60 6	led the deceased	Trum	. 17	death accurred on the dat	19 6 7	, that (I) (we) last
RECTOR hed for u ept. of H		abave, (1) (we) (did)					a death accurred on the dat		
bire chec Chec Chec	2	No. SIGNATURE	. 5	/		DEGREE	fores		ATE SIGNED
the Date I		( Stepe	aen N	an eser	ar	ATTENDING PHYSICIAN	MEDICAL STAFF		HUG ST
AN Sto	2	d. PHYSICIAN'S NAME	(TYPE OR PRINT)	11-11-14		22e ADDRESS		70 11/2	0
TO FUNER should be a with the St		A. Stephe	n Hansma	an M D		La Plata,	Maryland		
shoul with IMPO	23a BUI	RIAL, CREMATION, REA			23¢ NAME OF C	EMETERY OR CREMATORY			
BP	(SPI	Burial		1-87			CITY OR TOWN	COUNTY	STATE
Dr		ERAL DIRECTOR	10-1			y Memorial 156   250 DA	Waldorf ATE REC'D. BY REGISTRAR 2		Md.
MH - 16 60M 7/B4		NAME	- 1 11-	ADI	22300		1 1087	a Denish	4
(VRA 15, 4)	HUI	ntt Funer	al Home	wald	dorf, M	d. AUU I	- 1301		

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IMPORTANT: If Item 21 is marked or Item 18 shows any injury, or oth

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DHMH - 16 60M 7/84 (VRA 15, 4)

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STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

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87	FOR STATE REGISTRAR			EALTH AND MENTAL HY	GIENE 2 3 5 2	6	
	CEASED NAME FIRST	WIDDLE		AST	20. DATE OF DEATH MONTH	DAY YEAR	26 HOUR
1	Elsie	Mae	McDo	nagh	8/15	/86	5:20pm
3. SE	X	4 RACE	S. DATE (		6. AGE (IN YEARS LAST BIRTHDAY)		IF UNDER 24 HRS
1	Female	white		/10/96 YEAR	91 YR		HOURS MIN.
70 B	IRTHPLACE (STATE OR FOREIGN	76 CITIZEN OF WHAT CO	UNTRY? 8	D NEVER MARRIED	9. BALTIMORE CITY OR COUN	ITY OF DEATH	
	Baltimore, MD	United Sta				itv	MD.
INC	ITY OR TOWN OF DEATH	11. NAME OF HOSPITAL	, NURSING HOME O	OR OTHER INSTITUTION	12a USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKIN	12b, KIND OF	BUSINESS OR
	LaPlata	Charles C	ounty Nur	sing Home	Housewife .	Home	3
13g	AL RESIDENCE (IF NURSING HOME O STATE	ROTHER INSTITUTION GIVE RESIDE		13d INSIDE CITY LIMITS?	13e.STREET ADDRESS / ZIP CO		
1	Maryland St.		nardtown_	YES NO	Cedar Lane	2065	50
	ATHER'S NAME		LAST	15. MOTHER'S MAIDEN N	AME	LAST	
1	Joshua	Wenzel		Augusta			
	WAS DECEASED EVER IN U.S. AF	RMED FORCES? 166 SOC	IAL SECURITY NO.	17. INFORMANT	128 <sup>40</sup> BE1a:		ytown R
1	NO		-02-4831	Norma Hand	cock LaPlata.	MD 206	
TION &	Conditions, if any, which gove rise to immediate couse (a), stating the underlying cause last.  PART 2. OTHER SIGNIFICANT  Cardiac and	CONDITIONS CONTRIBUT	ING TO DEATH BUT	inthrombas	Heart Disser MINAL DISEASE OR CONDITION is, peripheral or	escular de	nesse
CERTIFICATION	190 DATE OF OPERATION	196 CONDITION FOR	R WHICH OPERATIO	N WAS PERFORMED		YES, WERE FINDING RTIFYING CAUSES O	
	210. ACCIDENT WAS UNDERLYING [ OR CONTRIBUTING	HOUR A.M. MON		21c HOW INJURY OCCU	RRED (ENTER NATURE OF INJURY IN ITEM	18 PART I OR PART 2)	
MEDICAL	214 INJURY OCCURRED  WHILE NO VALUE AT WORK	218 PLACE OF INJUR	OFFICE FAM. ETC)	211 LOCATION STREET	- 1A CITY OR TOWN	COUNTY	STATE
	220.1 certify that (I) (this hosp saw the deceased alive or above, (I) (we) (did) (did po	7/35	19.87	nd that in (my) (our) apinio	n death occurred on the date and		hat (I) (we) last ouses stated
	22b, SIGNATURE	Butche			MEDICAL STAFF DIRECTOR PHYSICIAN	27c DATE 9	15187
k	276 PHYSICIAN'S NAME (TYPE	OR PRINT)		22e ADDRESS			
	Paul Proche			P.O. Box	1317 LaPlata, MD	20646	
23a.	BURIAL, CREMATION, REMOVAL			EMETERY OR CREMATORY	CITY OR TOWN	COUNTY	STATE
	Burial	8-18-87	Trinity	y Mem. Gard		Charles	MD
	UNERAL DIRECTOR		ADDRESS		ATE REC'D. BY REGISTRAR 256. REG		
A	rehart Funer	al Home In	c. LaPla	ata, Maine	1 8 mas July Davi	doon-Randal	3

DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MD. 21201

#### STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE
MEDICAL EXAMINER'S CERTIFICATE OF DEATH

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,	5 1	2 3	
,	3 REG.	NO mo	7
	NEO.	140.	

		REGISTRAR	1442	PIGAL EXAMI	II TEK 5 C	EKINICATE	REG. NO			
	I. DEG	CASED NAME GLASS	Viola	Mc De	omel	LAST	OF ESTI- DEATH MATED	9 8	1987	3-06 N
	3. SEX	Emale Mite	5. DATE OF BIRTH MONTH DAY	YEAR 6. AGE (IN LAST BIRT	HDAY) MONTH	DER I YR. IF UNDER	24 HRS. 2C DATE PRONOUNCED DEAD	8 8	1997	5 15 N
7		THPLACE (STATE OR EIGH COUNTRY)	76. CITIZEN OF WI	HAT COUNTRY?	8. MARRI	ED NEVER MARRI	9 BALTIMORE CITY OF	COUNTY	OF DEATH	
1		ASHINGTON, D. O	. U.S	. A.	WIDOW			S		M
3	10 CI	Y OR TOWN OF DEATH		PITAL, NURSING HO		ER INSTITUTION	120 USUAL OCCUPATION (TYPE	OF WORK 12b	OR INDUST	JSINESS
1	]	LA PLATA		IANS MEM		PITAL	HOMEMAKER		OWN H	
1	USUA 13a S	RESIDENCE (IF IN NURSING HOME	OR OTHER INSTITUTION, GI	VE RESIDENCE BEFORE ADM	ISSION)					OIL
1		MD. CHA	ÄRLES	COBB IS	LAND	YES NO X	100 W. CRAI	N 2	20664	
	14 FA	THER'S NAME FIRST	MIDDLE	LAST		15. MOTHER'S MAIDE	NAME		LAST	-
1		LAWRENCE	N.	RICKER		VIOLA	CECILIA	SC	CHNIE	ER
	16a. V	AS DECEASED EVER IN U.S. AR S. NO. OR UNKNOWN) (IF YES, GIVE	MED FORCES? WAR OR DATES)	166. SOCIAL SECUR		17 INFORMANT	270 PDRASP	PLEWA	Y	
		NO		212-14-		SUE A. LE	ESER DUNKIRK	, MD.	20754	r
		18 CAUSE OF DEATH (Enter or PART I DEATH WAS CAUSE	D 8Y:	far (o), (b), and (c).)	Asc	vo. W.	pertension		APPROXIMATE BETWEEN ONSET	T AND DEATH
		IMMEDIA	TE CAUSE (o)	AS A CONSEQUENC	E OF		(0)0000		Yes	
1		Conditions, if ony, which								
		gove rise to immediate cause (a) stating the under-		AS A CONSEQUENC	F OF					
		lying cause last.								
		PART 2 OTHER SIGNIFICANT CONDITIONS	CONTRIBUTING TO OFATH	BUT NOT RELATED TO THE T	ERMINAL DISEASE	OF CONDITION GIVEN IN PAI	PT 1 to			
	Z				***************************************	. v. conomon on the milk	1 1 1 1 1			
7	MEDICAL CERTIFICATION	190. DATE OF OPERATION	19b. CONDII	TION FOR WHICH OF	PERATION W	AS PERFORMED?		12	20 AUTOPSY?	,
4	IFIC		574 3-65						YES 🗆	Notes
1	ERT	21a. EXTERNAL CAUSE WAS	216 TIME OF		21c. HC	OW INJURY OCCURRE	D LENTER NATURE OF INJURY IN ITEM 18 P.	ART 1 OR PART 2)		NO ST
2	ALC	UNDERLYING OR CONTRIBUTING CAUSE OF		MONTH DAY YE	EAR					
-	DIC	214 INJURY OCCURRED	21e PLACE (	OF INJURY (AT HOME.		CATION				
	¥	WHILE NOT WHILE	STREET, FACT	TORY, FARM, ETC.)	S	TREET	CITY OR TOWN	COUNTY	r	STATE
		220. I certify that I took charge	ze of the remains des	cribed above, held on	Autop:	sy , Inspection	Inquiry and	l in my opinio	on	
			ral couses		Suicide	Homicide .	Undetermined monner .			
	6.7	11.4	211			FILE (SRECIFY)			1/100	
		ACTUAL HV	N HOST	W)		charles 10	MEDICAL EXAMINER	DATE SIGNED	888	)
1		1)		( )				0		4
4	-	EXAMINER'S NAME (TYPE OR PRINT)	M Ha	H W)		ADDRESS 102	o parlet fl. 1	gulato	MA	20696
	23a.Bl	RIAL, CREMATION, REMOVAL		23c. NAME OF			23d LOCATION CITY OR TOWN	COUNTY	ST	TATE
		BURIAL	8-11-87	HOLY G	HOST	CH.CEM.	ISSUE CHAR		MARYL	AND
	24. FL	NERAL DIRECTOR	ADDRESS					TRAR'S SIGN		
	ARI	CHART FUNERAL	HOME TI	NC IA DI	7 1 7 1	MD AUG 1 1	1987	ado be Man		

FOR

#### STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

2500 111		REGISTRAR		CERTIFICATE OF DEATH	REG. NO.									
3 3 b U AUG	124	ENED NAME FIRST	WIDDLE	LAST	20. DATE OF DEATH MONTH	DAY YEAR 26 HOUR								
be 3	(TYPE	ORPRINI)	OHN MUI	RPHY	AUGUST 16	1987 845 M								
pog er de	3 SE		4 RACE	5 DATE OF BIRTH	6. AGE (IN YEARS LAST BIRTHDAY)	IF UNDER I YEAR IF UNDER 74 HRS								
ge 4		MALE	WHITE	OCTOBER 1 1905	81	MONTHS DAYS HOURS MIN.								
Po 40		RTHPLACE (STATE OR FOREIGN	76 CITIZEN OF WHAT COUNTRY?	MARRIED NEVERMARRIED	9 BALTIMORE CITY OR COUN	NTY OF DEATH								
to 16 77		RYLAND	U.S.A.	WIDOWED DIVORCED	CHARLES	COUNTY MD.								
a de de		TY OR TOWN OF DEATH	11. NAME OF HOSPITAL, NURSIN	IG HOME OR OTHER INSTITUTION	128 USUAL OCCUPATION	126 KIND OF BUSINESS OR								
s of	L	A PLATA, MD	. PHYSICIANS N	MEMORIAL HOSPITA	L FARMER	FARMING								
be be hour		AL RESIDENCE (IF NURSING HOME IT ATE 136 COL	OR OTHER INSTITUTION GIVE RESIDENCE BEFORE JNTY 13c CITY OR TOW		13e.STREET ADDRESS / ZIP CO	ODE								
fille Ovold				ORIA YES NO XX	GENERAL DEL									
ithir 2 self	JA FA	THER'S NAME	MIDDLE LAST	15. MOTHER'S MAIDEN NA	WE	TAST								
b old b	1	JOSEPH	PATRICK MURPH	HY BERTHA	MARIE	GOLDSMITH								
d co		AS DECEASED EVER IN U.S. A	ARMED FORCES? 166 SOCIAL SECU	RITY NO. 17. INFORMANT	ADDRESS 12	24 ESPERANZA DE								
Pog.		NO N/A		-6483 LOIS M. CO	OOKSEY, LEXING	GTON PRK., MD.								
sicio pers al		18 CAUSE OF DEATH Enter	only one cause per line for (a), (begin			APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH								
phy anpo emov		PART I. DEATH WAS CAUS	ATE CAUSE (0)	repeat (history										
ding or re or re		EPE A SPA	DUE TO, OR AS A CONSEQUE	ENCBOF A	. 111	Service And American								
deat ove tran,		Conditions, if ony, which (b) Cut hyporended Infacts												
no no	34	gave rise to immediate cause (01, stating the DUE TO, OR AS A CONSEQUENCE OF												
rott		underlying couse lost.	(c)											
i ki	7	PART 2 OTHER SIGNIFICANT	CONDITIONS CONTRIBUTING TO	DEATH BUT NOT RELATED TO THE TERM	INAL DISEASE OR CONDITION	GIVEN IN PART HO								
	NOL	Lubitis 14	ullition, De	1	ruy I rant the	ful - 1 - 1 - 1								
low so be printed to be	CERTIFICAT	190 DATE OF OPERATION	196 CONDITION FOR WHICH	PERATION WAS PERFORMED '		MES, WERE FINDINGS USED RTIFYING CAUSES OF DEATH?								
The cion.	E				YES NO	YES NO								
AN: hysical ficot fron 118 s		210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF D		AY YEAR	RED (ENTER NATURE OF INJURY IN ITEM	(B PART   OR PART 2)								
Sic.	S	LIF EITHER NOTIFY MEDICAL EXAMIN	P.M.	19										
this this ad w	MEDICAL	21d INJURY OCCURRED	21e PLACE OF INJURY (AT HOME STREET, FACTORY, OFFICE, F	ARM. ETC.) 211 LOCATION STREET	CITY OR TOWN	COUNTY STATE								
NG T Office of the orks		AT WORK												
SR. A			pital) attended the deceased from_	, ond that in my (our) opinion	. to 8-16	19 tho (1) we) last								
ATT Ospit ECTC d fo it. of m 21		obove, (I) (ve (did))(did i	on19	DEGREE	deoth occurred on the date and	22c DATE SIGNED								
OR DIR Oche Dep		10. SIGNATURE	1 12 1	ATTENDING	MEDICAL STAFF	8-16-87								
Skal det		22d. PHYSICIAN'S NAME (TYPE	Im of Inhe	PHYSICIAN [	DIRECTOR PHYSICIAN	0.10.01								
O HOSPITA efoined by TO FUNERA should be de with the Stat MAPORTANT		The second second			V 501 TA DTAT	OA MD								
TO HOSPITA retained by TO FUNER should be d with the Sto			L, BURKE M,D		X 591 LA PLAT	. А, М.								
		URIAL, CREMATION, REMOVA		NAME OF CEMETERY OR CREMATORY	ERY ISSUE	CHARLES MD.								
BP	24 51	BURIAL	08-19-87 H	OLY GHOST CEMET	E REC'D, BY, REGISTRAR 256. REC									
DHMH - 16 60M 7/B4		NAME	ADDRESS	[1/4]	1 1 1901	invidon-Handalle								
(VRA 15, 4)	AF	EHART FUNER.	AL HOME, INC., L.	A PLATA, MD.	521 1987	www.don-1/								

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#### STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

All	-1/4	FOR STATE REGISTRAR			DEPART		EALTH AND MENTAL HYD ICATE OF DEATH	SIENE 2 3	2	4 7	
AL	DL	OR PRINT)	FIRST		WIDDLE		AST	20 DATE OF DEATH		DAY YEAR	26 HOUR
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4	3 SE	(		RACE		5 DATE C		6 AGE (IN YEARS LAST BIRT	HDAY}	IF UNDER I YEAR	IF UNDER 24 HRS
0		Female		Cau	casian	Sept		81	YRS	MOINING DATS	HOURS MIN
4	7a BI	RTHPLACE (STATE OR FO	REIGN 7	6 CITIZEN	OF WHAT COUNTRY?	8 MARRIE	D NEVER MARRIED	9. BALTIMORE CITY OF	COUNT	Y OF DEATH	
/		w York			.A.	WIDOWE	XX DIVORCED	Charles			
7	Lv	TY OR TOWN OF DEAT			OF HOSPITAL, NURSIN N SUCH FACILITY, GIVE STREET		OR OTHER INSTITUTION	120 USUAL OCCUPATION			F BUSINESS C
4		rt Tobacc			1140A Sh		Blvd.	homemake	r	hc	ome
20	13a S	TATE	36 COUN	THER INSTITU	13c CITY OR TOV		134 INSIDE CITY LIMITS?	13e STREET ADDRESS /	ZIP COD	E 2067	7
2		ryland	Char	les	Port Tol	oacco		Box 1140	A Sh	nirley	Blvd.
91	PFA	THER'S NAME	M	IDDLE	LAST		15. MOTHER'S MAIDEN NA	ME		LAS	ī
00	/	James		Rosc				Blanc	he	Jac	kson
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/	n	0		n/a	216-09	-0170	Twila L. (	Goings	same	as 13	a-e
	16.	18 CAUSE OF DEATH	Enter only	y one cause	per line for (a), (b), or	d (C		0.00	3,-21	BETWEEN	MATE INTERVAL ONSET AND DEATH
5				CAUSE	CAR	Diap	ULMONARY	ARREST			
	W,			DUE TO	D, OR AS A CONSEQU	ENCE OF					
	K	Conditions, if any,		( de	A (	UTE	MYOCARD	INL INF	ARCT	10 V	
		gave rise to imme cause (a), stoting		DUETO	O, OR AS A CONSEQU	ENCE OF					
		underlying couse	last.	10	)		CONGESTIN	E HEAR	FAI	LUKE	
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1	IFIC		-					YES NOT		IFYING CAUSES	OF DEATH?
1	CERT	21g. ACCIDENT WAS UNDE	RLYING	21b. TIA	AE OF INJURY	ALT C	21c HOW INJURY OCCUR	73			110
9		OR CONTRIBUTING CA		HOUF	A.M. MONTH D						
/	MEDICAL	(IF EITHER NOTIFY MEDICA		71e PLA	P.M.	19	21f LOCATION				
	ME	NOT WHILE		(AT HOM	E. STREET FACTORY, OFFICE	ARM ETC )	STREET	CITY OR TOV	M	COUNTY	STAFE
		AT WORK		15 - 48 41 -	Jah - J 1 f -	9/17 1	13	. 8/30		\$ 7	1
		220.1 certify that (1) (1 sow the decease		1	a me deceased from	87	id that in (my) (our) opinion	death accurred on the do	te and ha	,	that    (we) lo
		above, (1) (we) (di	d) (did nat	view the b	ady after death			ocam accorred an me da	re ond no		
		22b. SIGNATURE	11	1-	-0000		DEGREE ATTENDING	MEDICAL STAF	F	22c DATE	SIGNED
			K.	V	COM		PHYSICIAN \$	DIRECTOR PHYSIC		1	121
		22d. PHYSICIAN'S NA		1000			22e ADDRESS				
		Gurbux	Nac	hnan	i, M.D.		8926 Woody	vard Rd.,	Clin	nton, MI	2073
1	230 E	URIAL, CREMATION, R	EMOVAL	236. DATE	23ε	NAME OF C	EMETERY OR CREMATORY	23d LOCATION		1011	
	В	urial		Aug.	.14,19870	edar	Hill Cemete	ery Suitla	nd.F	rince	eorge
		INERAL DIRECTOR LE	e Fu	nera	1 Home	Inc	250 DA1	E REC'D. BY REGISTRAR	Sb. REGIS	TRAR'S SIGNAT	URE
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663	1	nig wrexg	nuer	rer	TA MA	- <u></u>	CII, PIDAPO	do an			

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#### STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

								REG. NO	J.		3	
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		шта		auternie			August			milita		
3 S	Female	30	Caucasi	ian	April	1 25°, 1920°	6 AGE (IN YE	ARS LAST BIRT	(HDAY) YRS.	MUNTHS	DATS	HOURS
	orth Carol		76 CITIZEN OF U.S. A	WHAT COUNTRY?	MARRIED WEVER MARRIED WIDOWED DIVORCED			BALTIMORE CITY OR COUNTY OF DEATH Charles				
	city or town of d Valdorf	EATH				or other institution aldorf Md	120 USUAL OCCUPATION  THE OF THE PROPERTY OF WORKING LIFE   INDUSTRIFTION					F BUSINI OME
Må	ryland 🌽	13b P. OURS INSTITUTE OF OUR PROPERTY OF THE P		FOLESTORIES FOR ADA		Tle 13d. INSIDE CITY LIMITS?		130 STREET ADDRESS / ZIP CODE 2808 Phelps Ave.				
	Villiam		MIOTE .	Copelan	d	Sally FIRST	A.	MIDDLE			el1	
1 160	NONO OR UNKNOWN)		MED FORCES?	None None	rity no.	Lewis D. Sto	neman		609 dorf,			
	Conditions, if ar	ny, which	DUE TO O	DACA CONSTONS	NICE OF	ic distruction			whe	100	10	
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CATION	underlying cau	GNIFICANT C	DUE TO, O	R AS A CONSEQUE	DEATH BUT	NOT RELATED TO THE TERM  COLUMN  TO WAS PERFORMED	INAL DISEASE	OR CONI	DITION GU	S, WERE	FINDIN	NGS USE
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MEDICAL	Underlying cour  PART 2. OTHER SIGN  190 DATE OF OPER  210. ACCIDENT WAS LEED OR CONTRIBUTING CITE OF OPER  210. INJURY OCCU  WANTE NOTIFY ME  220. I certify that saw the decertify that saw that the saw that the decertify that that the decertified that t	GNIFICANT COLORS	DUE TO, O  ONDITIONS CO  19b. CONDITIONS THE PLACE (AT HOME STE  21b. TIME O HOUR A. (AT HOME STE  21c. PLACE (AT HOME STE  23b. DATE	R AS A CONSEQUE  ONTRIBUTING TO E  ITION FOR WHICH  OF INJURY M. MONTH DA  M.  OF INJURY REEL, FACTORY, OFFICE, F  e deceosed from  ofter death.	OPERATIO  AY YEAR  19  ARM ETC.)	NOT RELATED TO THE TERM  SCOLUMN WAS PERFORMED  21L HOW INJURY OCCUR!  21L LOCATION STREET  19  nd that in (my) (our) opinion of the control opinion opini	RED (ENTERNAL  MEDICAL DIRECTOR (  RED (234 LOCA	PSY?  NOD  CITY OR TOX  CITY OR TOX  STAF  PHYSIC  PETLY  TION	206. IF YE IN CERTIN TEM 18	S, WERE FYING CES COLUMN COLUM	PART 2)  Om the	NGS USE OF DEA' NO'S
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AREHART FUNERAL HOME, INC., LA PLATA, MONIG 2

**DHMH - 17** (VR A15 ME (5)) 20M 4/82

Ly XOC HEAD, MD

Annual Section of the Actions of

Date of the second

FOR

#### STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

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87	- STATE REGISTRAR			DEPAKI		ICATE OF DEATH	2 /	2,3	5	3	2	
	CEASED NAME	FIRST	1	MIDDLE		IAST	20 DATE OF DEATH	, MONTH	DAY	YEAR	26 HOUR	A
	E OK PRINT)	Albe	rt	Roy	Tho	mas		8	13	87	1:20	0 м
3 SE	X	*****	4. RACE	**(O y	5. DATE O	OF BIRTH	6. AGE (IN YEARS LAST	BIRTHDAY)	IF UND	ER I YEAR	IF UNDER 24	a HRS
1	MALE	100	WHITE		O1	28 1917	70	WDC	WONTHS	DAYS	HOURS	MIN.
	IRTHPLACE (STATE)	OR FOREIGN		WHAT COUNTRY?			9 BALTIMORE CITY	YRS Y OR COUN		EATH		
	COUNTRY)	~			MARRIE	D NEVER MARRIED			nar1			
	ASH. D.		U. S		WIDOWE NG HOME (	DR OTHER INSTITUTION	12a USUAL OCCUP				F BUSINES	MD.
			(IF NOT IN SUC	H FACILITY, GIVE STREET	AOORESS)		(TYPE OF WORK FOR MO		LIFE) IN	DUSTRY		
1	AL RESIDENCE HEN			SHERWOO	-	A) County	PAINTER		IS	ELF-	-EMPI	OY
13a	STATE	13b COUN		130 CITY OR TOW	/N	13d INSIDE CITY LIMITS?	130 STREET ADDRES					
	ARYLAND	CHAR	LES	COBB IS	LAND	YES NO X	34 SHE	RWOOD	) AV	E.,	2062	25
14_F	ATHER'S NAME	210	MIDDLE	LAST	100	15. MOTHER'S MAIDEN NA	AME			1.45		
	ALBERT		OY	THOMA	S.SR	HELEN	M			I.AMI	RENCE	F
	WAS DECEASED EV	R IN U.S. AR	MED FORCES?	166 SOCIAL SECT		17. INFORMANT	ADI	DRESS34	CHE	RWOO		
(	YES NO OR UNKNOWN)	W.W	E WAR OR DATES)	577-05-	2011	LUCILLE L.						
						Inocrute to	INOMAD,	CODD				206
. 4	PART I. DEATH	WAS CAUSE	y one cause per D BY-	line for (a), (b), or	/	7	0 00-		-	BETWEENC	MATE INTERVA	ATH
	- The Park	IMMEDIAT	E CAUSE (a)	Irrevo	noche	e leapetu	2 coccajo	al.	-	(0)	me	
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	gave rise to i	ting the	DUE TO O	RAS A CONSEQU	ENCE OF	A	0			11	K	
7	underlying cau	se last	( (0) /	lain	olare	una decer	Iling Col	-		81	Ken !	
	PART 2 OTHER SE	GNIFICANT	ONDITIONS CO	ONTRIBUTING TO	DEATH BUT	NOT RELATED TO THE TERM	MINAL DISEASE OR CO	ONDITION C	SIVEN IN	PART 11c		
ON												
CERTIFICATION	190 DATE OF OPER	PATION	196 CONDI	ITION FOR WHICH	OPERATIO	N WAS PERFORMED	20a AUTOPSY?				GS USED	
Ξ							YES NOW		TIFYING YES	CAUSES	OF DEATH	?
ER	21a. ACCIDENT WAS I	INDERLYING	1 21b, TIME O	F IN IURY		21c HOW INJURY OCCU				D DART 21	110	_
	OR CONTRIBUTING			M. MONTH D	AY YEAR		TEMPERATURE OF T	AJON I IN TICH T	0 / 48. / 0.	() ()		
\S	(IF EITHER NOTIFY M				19							
MEDICAL	214 INJURY OCCU		21e PLACE (	OF INJURY REET FACTORY, OFFICE	FARM, ETC )	211 LOCATION STREET	CITY OF	NWOT	CC	PINUC	STA	NTE -
-	AT WORK AT	VORK			-		0 1			-		
	220.1 certify that	(I) (shis hospi	ral) arrended th	e deceased from_	6	15 19 61	to	- 13	19_6	£ . 1	that (I) (we	e) lost
	sow the dece		t) view the body	19	1.0	nd that in (my) (our) opinior	death occurred on the	date and h	our and	from the	causes state	ed
	7% SIGNALARE	(did) (did na	view me body	difer death.		DEGREE			2	2c DATE	SIGNED	_
	(11)	7.00	AL.	111)		ATTENDING .		TAFF	- (	08,-1	13-8	7
1	22d. PHYSICIAN'S	NAME LIVER O	RAPINI	1110		27e ADDRESS	DIRECTOR   PHY	SICIAN		-0 1	- 0	-
							W.1					
	<u> </u>		looddy	М.		La Pla						
	BURIAL, CREMATIO					EMETERY OR CREMATORY	23d LOCATION		COUN		51A	TE
	BURI	AL	08-17	-87 MD	· VE	IS. CEMETER	RY CHELTE	NHAM	Р.		MI	).
	UNERAL DIRECTOR			ADDRESS		W I II I	TE REC'D. BY REGISTR	AR 25b. REG	ISTRAR'S	SIGNATI	URE	
Al	REHART F	UNERA	L HOME	, INC. , L	A PL	ATA, MD. AUG	10 1987	المقالية معددا عنا	of etfore,	Monto		1
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DHMH - 16 60M 7/8 (VRA 15, 4)

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TO HOSPITAL

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